


INTERNATIONAL AIR CADET EXCHANGE INFORMATION FORM
 IMPORTANT - IN CAPITAL LETTER ONLY USING BLACK INK

OWN COUNTRY	United States	YEAR OF EXCHANGE	2012
HOSTING COUNTRY	XYZ	RANK	Cadet Brig Gen
FAMILY NAME (SURNAME) <small>(MUST BE SAME AS PASSPORT)</small>	ROSCOE		
GIVEN NAMES (FIRST NAME) <small>(MUST BE SAME AS PASSPORT)</small>	Ros Funnyface		
CALL SIGN FOR NAME TAG	Funnyface Roscoe		
COUNTRY OF BIRTH	United States	CITY	
DATE OF BIRTH	22 Sept 1995	AGE	
HOME ADDRESS	123 Lions Den Drive, ...		
TELEPHONE	812-555-9876		
EMAIL ADDRESS	Purringkitten@ghoo.com		
APPROPRIATE BOXES: <input type="checkbox"/> Flying Scholarship <input type="checkbox"/> Private Pilot License <input checked="" type="checkbox"/> MALE <input type="checkbox"/> Gliding Scholarship <input checked="" type="checkbox"/> Training / Hang Gliding <input type="checkbox"/> FEMALE <input type="checkbox"/> Gliding License <input type="checkbox"/> Other			
IDENTIFICATION NUMBER	100DD3106	DATE OF ISSUE	Yesterday
DIETARY RESTRICTIONS (All, Vegetarian, etc)	Never		
LANGUAGES SPOKEN	English, Cat		
ALLERGIES (All, Vegetarian, etc)	Prefer fish and milk		
PREVIOUS SURGERY, TRAUMA, OR MEDICATION			
HEALTH INSURANCE PROVIDER	Blue Cross/Blue Shield		
PHYSICIAN NAME	Garfield Roscoe		
PHONE	555-812-1234		
EMERGENCY TREATMENT	I am not to be signed by the person having parental responsibility I would sign on their behalf I do not intend to fly in military and civilian aircraft during the exchange I also give permission for the individual to be given appropriate medical treatment		

I understand that IACE is a CAP program with rules and regulations. I further understand that the IACE staff, in conjunction with the appropriate action may be taken including removal of the participant from the program and arrangements for an unscheduled return home will be made.

1. Have you undergone treatment by a doctor within the last 12 months?
 Yes No
2. Are you currently under treatment by a doctor?
 Yes No
 (If you are taking any medication, please ensure you have a doctor's note.)
3. Do you have any known medicinal or other allergies?
 Yes No

REMARKS: (Please explain if any of the above are Yes.)
I am Allergic to Dogs

HEALTH INSURANCE CO. Blue Cross

POLICY # X987654321

Ros Funnyface Roscoe
 Printed Name of Applicant

Parents' Consent (To)

I, hereby give consent and permission for my child to participate in the IACE program, to any other medical facility during the exchange, and/or surgical procedures, if necessary, and I certify that my child is in good health and has no medical conditions that would prevent participation in the activities of this program.

I understand that IACE is a CAP program with rules and regulations. I further understand that the IACE staff, in conjunction with the appropriate action may be taken including removal of the participant from the program and arrangements and cost for an unscheduled return home will be made.

Garfield Roscoe
 Printed Name of father or legal guardian

Mrs. Roscoe
 Printed Name of mother or legal guardian

(Both signatures)

CONSENT

Certification Form

Quiz

1. When is a copy of your passport due to HQ?
On the Due Date
2. What is the weight limitation of your check-in luggage?
What I can carry (I am a cat after all)
3. When are you allowed to drink alcohol while participating in the exchange?
I prefer milk
4. What color shoes do you wear with the travel uniform?
Ones that match with my belt
5. What kind of insurance are you required to have during the exchange?
I like to keep a smith and wessen on me, just in case

I certify that I have read and understand the information and provisions contained in the IACE Ambassador's Guide. I will comply with all rules and instruction contained in the Ambassador's guide, with the instructions given to me by my escort and activity staff and with the regulations and policies of the Civil Air Patrol and International Air Cadet Exchange Association.

Ros "Funnyface" Roscoe
 Printed Name

Signature

30 Feb 2012
 Date